#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 1 of 52

Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Latonya First Name R.	First Name
	your driver's license or passport).	Middle Name	Middle Name
		Johnson	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
	your Social Security	$xxx - xx - \underline{5} \underline{1} \underline{4} \underline{5}$	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 2 of 52

Del	otor 1 <u>La</u>	tonya R. Johnson		Case number (if known)
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any busing	yer	✓ I have not used any business names or Ell	Ns.
		on Numbers nave used in rears	Business name	Business name
	Include trade names and		Business name	Business name
	doing busir	ness as names	Business name	Business name
			EIN	EIN
			EIN	EIN
5.	Where you	live		If Debtor 2 lives at a different address:
			926 N Lavergne Ave., Apt 2 Number Street	Number Street
			Chicago IL 60651	
			City State ZIP Code	City State ZIP Code
			Cook County	County
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
			926 N Lavergne Ave., Apt2	
			Number Street	Number Street
			P.O. Box	P.O. Box
			Chicago         IL         60651           City         State         ZIP Code	City Chata 7ID Code
			City State ZIP Code	City State ZIP Code
6.	Why you a	re choosing	Check one:	Check one:
	bankruptc		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	art 2:	ell the Court Abo	out Your Bankruptcy Case	
7.	-	y Code you	Check one: (For a brief description of each, see I for Bankruptcy (Form 2010)). Also, go to the top	Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.
	are choosi under	ng to file	Chapter 7	
			Chapter 11	
			Chapter 12	
			Chapter 13	

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 3 of 52

Debtor 1		Latonya R. Johnson		Case number (if known)				
8.	How you	you will pay the fee		I will pay the entire fee when I file my petitic court for more details about how you may pay pay with cash, cashier's check, or money order behalf, your attorney may pay with a credit ca	r. Typica er. If you	lly, if you are pay ir attorney is sub	ring the fee you mitting your pay	rself, you may
				I need to pay the fee in installments. If you Individuals to Pay Your Filing Fee in Installments				application for
				I request that my fee be waived (You may reall By law, a judge may, but is not required to, we than 150% of the official poverty line that app fee in installments). If you choose this option Filing Fee Waived (Official Form 103B) and fi	so only if your d you are unabl	income is less e to pay the		
9.	•	u filed for		No				
	bankrup last 8 ye	tcy within the ars?	$\overline{\mathbf{A}}$	Yes.				
			Dist	rict Chicago; Chapter 7	_ When	12/22/2014 MM / DD / YYYY	Case number	14-45383
			Dist	rict Chicago; Chapter 13; dismissed	_ When	10/03/2016 MM / DD / YYYY	Case number	16-31511
			Dist	rict	_ When	MM / DD / YYYY	Case number	
10.	-	bankruptcy	☑	No		WWW / DB / TTTT		
	-	ending or being a spouse who is		Yes.				
		g this case with by a business	Deb	tor		Relationsh	nip to you	
	partner,	or by an	Dist	rict	_ When			
	affiliate?	<b>?</b>				MM / DD / YYYY	if known	
			Deb	tor		Relationsh	nip to you	
			Dist	rict	_ Wher	MM / DD / YYYY		
11.	. Do you rent your residence?	•		No. Go to line 12.  Yes. Has your landlord obtained an eviction residence?	judgmer	nt against you an	d do you want to	o stay in your
				<ul><li>No. Go to line 12.</li><li>Yes. Fill out Initial Statement Aboand file it with this bankruptcy peti</li></ul>		iction Judgment	Against You (Fo	orm 101A)

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 4 of 52

Deb	tor 1	Latonya R. Johnson	1			Case number (i	f known)		
P	art 3:	Report About Ar	ıy Bı	usine	sses You Own as a	a Sole Proprietor			
12.	-	ı a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.				Name of business, if any  Number Street				
					Health Care Busin Single Asset Rea Stockbroker (as c	box to describe your business: ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101	101(27A)) :. § 101(51B))	ZIP Co	de
13.	3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>			set ap st rece	ppropriate deadlines. If you	the court must know whether you indicate that you are a small nent of operations, cash-flow state texist, follow the procedure in	I business deb atement, and fe	otor, you ederal in	must attach your come tax return
	debtor	debtor?		No.	I am not filing under C	hapter 11.			
	For a definition of small business debtor, see			No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bus	siness debtor a	accordin	g to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chapt Bankruptcy Code.	ter 11 and I am a small business	s debtor accor	ding to t	he definition in the
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous F	Property or Any Property	/ That Need	is Imm	ediate Attention
14.	4. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			No Yes.	What is the hazard?				
					If immediate attention	is needed, why is it needed?			
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City	<u>_</u>	State	ZIP Code

Debtor 1	Latonya R. Johnson	Case number (if known)	
			_

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counseling because of:						
☐ Incapacity.	I have a mental illness or a mental					

☐ I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 6 of 52

Debtor 1		Latonya R. Johnson	n	Case number (if known)					
P	art 6:	Answer These C	uesti	ons for Reporting Pu	rpos	ses			
16. What kind of debts do you have?		16a.			sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."		
				Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.					
			16c.	State the type of debts yo	ou ow	e that are not consumer or bu	sines	s debts.	
17. Are you filing under Chapter 7?				No. I am not filing under	Chap	eter 7. Go to line 18.			
	any exc exclude admini- are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?				•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do iimate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 7 of 52

Debtor 1	Latonya R. Johnson	ı	Case	number (if known)			
Part 7:	Sign Below						
For you		I have examined this petition, and correct.	and I declare under penalt	y of perjury that the information provided is true			
			•	apter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, ode. I understand the relief available under each chapter, and I choose to			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance v	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		S .	erty, or obtaining money or property by fraud in to \$250,000, or imprisonment for up to 20 years,				
		X /s/ Latonya R. Johnson		X Signature of Debter 2			
		Executed on 03/10/2017 MM / DD / YY		Signature of Debtor 2  Executed on  MM / DD / YYYY			

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 8 of 52

Debtor 1 Latonya R. Johns	on	Case number (if know	n)			
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.					
	X /s/ Robert J. Adams & Associates Signature of Attorney for Debtor	Date	03/10/2017 MM / DD / YYYY			
	Robert J. Adams & Associates Printed name Robert J Adams & Associates					
	Firm Name  901 W Jackson Suite 202  Number Street					
	- Street					
	Chicago City	<u>IL</u> State	60607 ZIP Code			
	Contact phone (312) 346-0100	Email address	Zii Gode			
	0013056 Bar number	State	_			

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 9 of 52

Fill in this in	formation to id	lentify your case	and this filing:		
Debtor 1	Latonya First Name	R. Middle Name	Johnson Last Name		
Debtor 2	Filotivanio	MIGUIC NAME	Lastivanie		
(Spouse, if filing	) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				_	if this is an led filing
Official Form	n 106A/B				
Schedule A	/B: Property	<i>'</i>			12/15
sheet to this form	n. On the top of ar	ny additional pages, v	ng correct information. If more write your name and case numling, Land, or Other Real Es	ber (if known). Answer eve	ery question.
✓ No. Go	or have any legal to Part 2. There is the property	·	in any residence, building, land	d, or similar property?	
	•	•	of your entries from Part 1, incl ite that number here	_	\$0.00
Part 2: De	escribe Your Ve	ehicles		•	
Do you own, leas		•	n any vehicles, whether they are also report it on Schedule G: Exe	_	•
3. Cars, vans,	trucks, tractors, s	port utility vehicles, r	notorcycles		
□ No ☑ Yes					
3.1. Make:	Jeep	Who has a Check one	an interest in the property?	Do not deduct secured clai amount of any secured clai	•
Model:	Compass		r 1 only	Creditors Who Have Claim	
Year:	2012		r 2 only r 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate milea	age: 61,000		st one of the debtors and another		\$11,275.00
Other information:		1000 □ Check	s if this is community property		
2012 Jeep Com miles)	npass (approx. 6°		k if this is community property nstructions)		
•	•	•	recreational vehicles, other veh t, fishing vessels, snowmobiles, n	•	
✓ No ☐ Yes					
	-	•	of your entries from Part 2, inclite that number here	<u> </u>	\$11,275.00

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 10 of 52

Deb	otor 1	Latonya R. Johnson	Case number (if known)	
Pa	art 3:	Describe Your Personal and Household Items		
Do <u>y</u>	you owr	or have any legal or equitable interest in any of the following items?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.		nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware		
	☐ No ✓ Yes	s. Describe Six rooms of furniture of various ages		\$400.00
7.	Electro Examp	nics les: Televisions and radios; audio, video, stereo, and digital equipment; con music collections; electronic devices including cell phones, cameras, n		
	✓ No ☐ Yes	s. Describe		
8.		<ul><li>ibles of value</li><li>es: Antiques and figurines; paintings, prints, or other artwork; books, pictur stamp, coin, or baseball card collections; other collections, memorabilis</li></ul>		
	✓ No ☐ Yes	s. Describe		
9.		nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, p canoes and kayaks; carpentry tools; musical instruments	pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe		
10.	Firearn Examp	ns les: Pistols, rifles, shotguns, ammunition, and related equipment		
	✓ No ☐ Yes	s. Describe		
11.	Clothe: Examp	s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessorie	es	
	☐ No ✓ Yes	s. Describe Clothing		\$300.00
12.	Jewelr Examp	<ul> <li>v</li> <li>es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, t</li> <li>gold, silver</li> </ul>	neirloom jewelry, watches, gems,	
	✓ No ☐ Yes	s. Describe		
13.		rm animals les: Dogs, cats, birds, horses		
	✓ No ☐ Yes	s. Describe		
14.	Any ot	ner personal and household items you did not already list, including ar list	ny health aids you	
		s. Give specific ormation		
15.		e dollar value of all of your entries from Part 3, including any entries fo		\$700.00

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 11 of 52

Deb	otor 1	Latonya R. Joh	nson		Case number (if known)	
	out 1.	Dagarika Var	un Financial Acc	at a		
	art 4: you own		ur Financial Asso	ets st in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	les: Money you hav petition	'e in your wallet, in yo	our home, in a safe deposit box, a	and on hand when you file your	same of oxomptone.
		S			Cash:	\$25.00
17.	-		ses, and other similar	al accounts; certificates of deposit r institutions. If you have multiple		
	✓ No ☐ Yes	S	Institution	n name:		
18.			publicly traded stoc vestment accounts wi	cks hith brokerage firms, money marke	et accounts	
	✓ No ☐ Yes	S	Institution or issuer	r name:		
19.	-	•	k and interests in ind rtnership, and joint v	corporated and unincorporated venture	l businesses, including	
	info	s. Give specific ormation about	Name of entity:		% of ownership:	
20.	Negotia	able instruments inc	clude personal checks	negotiable and non-negotiable s, cashiers' checks, promissory no not transfer to someone by signing	otes, and money orders.	
	info	s. Give specific ormation about m	Issuer name:			
21.		nent or pension ac les: Interests in IRA profit-sharing p	A, ERISA, Keogh, 401	1(k), 403(b), thrift savings accoun	its, or other pension or	
		s. List each count separately.	Type of account:	Institution name:		
22.	Your sh Exampl		eposits you have mad	de so that you may continue serv rent, public utilities (electric, gas,		
	✓ No ☐ Yes	S	ı	Institution name or individual:		
23.	_		a specific periodic pa	ayment of money to you, either for	r life or for a number of years)	
	Yes		Issuer name and de			
24.	26 U.S.		IRA, in an account i 9A(b), and 529(b)(1).		r under a qualified state tuition p	rogram.
	✓ No ☐ Yes	S	Institution name an	nd description. Separately file the	records of any interests. 11 U.S.	C. § 521(c)

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 12 of 52

Deb	tor 1	Latonya R. Johnson	Case number (if known)		
25.		equitable or future interests in property (other than anything listed in exercisable for your benefit	line 1), and rights or		
		. Give specific rmation about them			
26.	Example	, copyrights, trademarks, trade secrets, and other intellectual properties: Internet domain names, websites, proceeds from royalties and licensing			
		. Give specific rmation about them			
27.	Example	s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association holdings,	, liquor licenses, profession	al licens	ees
		. Give specific rmation about them			
Mor	ney or pr	operty owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	ınds owed to you			
	□ No				
	_ abo	. Give specific information <b>Federal: 2016 Federal Income Tax Ret</b> ut them, including whether already filed the returns		Federal: State:	\$2,100.00 \$0.00
		the tax years	1	Local:	\$0.00
29.	Family :	support es: Past due or lump sum alimony, spousal support, child support, mainter	nance, divorce settlement, p	oroperty	settlement
	✓ No ☐ Yes	. Give specific information	Alimony:		
			Maintenance	e:	
			Support:		
			Divorce sett	lement:	
			Property set	tlement:	
30.		mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefits, sick p compensation, Social Security benefits; unpaid loans you made to son			
	✓ No ☐ Yes	. Give specific information			
31.		s in insurance policies es: Health, disability, or life insurance; health savings account (HSA); cred	dit, homeowner's, or renter's	insuran	nce
	com	. Name the insurance pany of each policy list its value Company name:	eneficiary:	Sur	render or refund value:
32.	If you ar	erest in property that is due you from someone who has died e the beneficiary of a living trust, expect proceeds from a life insurance po to receive property because someone has died	olicy, or are currently		
	✓ No ☐ Yes	. Give specific information			

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 13 of 52

Deb	tor 1 Lato	onya R. Johnson Ca	se number (if known)	
33.	•	nst third parties, whether or not you have filed a lawsuit or made a de	mand for payment	
	✓ No	accidents, employment disputes, insurance claims, or rights to sue		
		scribe each claim		
34.	Other continging to set	ngent and unliquidated claims of every nature, including counterclaim off claims	s of the debtor and	
	✓ No ☐ Yes. Des	scribe each claim		
35.	Any financia	al assets you did not already list		
	✓ No ☐ Yes. Giv	ve specific information		
36.		ar value of all of your entries from Part 4, including any entries for pa Part 4. Write that number here		\$2,125.00
Pa	art 5: Desc	cribe Any Business-Related Property You Own or Have a	nn Interest In. List any	real estate in Part 1.
37.	Do you own	or have any legal or equitable interest in any business-related proper	rty?	
	₩ No. Go to			
	Yes. Go	to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts red	ceivable or commissions you already earned		ciains of exemptions.
	✓ No ☐ Yes. Des	scribe		
39.	Examples: B	ment, furnishings, and supplies Business-related computers, software, modems, printers, copiers, fax maclesks, chairs, electronic devices	nines, rugs, telephones,	
	✓ No ☐ Yes. Des	scribe		
40.	Machinery, f	fixtures, equipment, supplies you use in business, and tools of your t	rade	
	✓ No ☐ Yes. Des	scribe		
41.	Inventory			
	✓ No ☐ Yes. Des	scribe		
42.	Interests in p	partnerships or joint ventures		
	✓ No ☐ Yes. Des	scribe Name of entity:	% of ownership:	
43.	_	sts, mailing lists, or other compilations		
	_	your lists include personally identifiable information (as defined in 17 No Yes. Describe	I U.S.C. § 101(41A))?	

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 14 of 52

Deb	btor 1 Latonya R. Johnson Case number	er (if known)
44.	. Any business-related property you did not already list	
	✓ No ☐ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you attached for Part 5. Write that number here	
Pa	Part 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.
46.	. Do you own or have any legal or equitable interest in any farm- or commercial fishing-rela	ted property?
	✓ No. Go to Part 7.  ☐ Yes. Go to line 47.	
_		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Examples: Livestock, poultry, farm-raised fish	
	✓ No ☐ Yes	
48.	. Cropseither growing or harvested	
	✓ No ☐ Yes. Give specific information	
49.	. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	
50.	. Farm and fishing supplies, chemicals, and feed	
	✓ No ☐ Yes	
51.	. Any farm- and commercial fishing-related property you did not already list	
	✓ No ☐ Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you attached for Part 6. Write that number here	
Pá	Part 7: Describe All Property You Own or Have an Interest in That You Did	Not List Above
53.	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership	
	✓ No ☐ Yes. Give specific information.	
54.	. Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 15 of 52

Debtor 1	Latonya R. Johnson	Case nu	ımber (if known)		
Part 8:	List the Totals of Each Part of this Form				
55. Part 1	: Total real estate, line 2		→		\$0.00
56. Part 2	: Total vehicles, line 5	\$11,275.00			
57. Part 3	: Total personal and household items, line 15	\$700.00			
58. Part 4	: Total financial assets, line 36	\$2,125.00			
59. Part 5	: Total business-related property, line 45	\$0.00			
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	: Total other property not listed, line 54	. \$0.00			
62. Total	personal property. Add lines 56 through 61	\$14,100.00	Copy personal property total	+	\$14,100.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62				\$14,100.00

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 16 of 52

Debtor 2	<u>Latonya</u>	R.	Johnson				
	First Name	Middle Name	Last Name				
(Spouse, ii iiiiig	) First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the	: NORTHE	RN DISTRICT OF I	LLIN	IOIS	☐ Check if this is an	
Case number (if known)						amended filing	
Official Form	n 106C						
Schedule C	: The Property	/ You Cl	aim as Exemp	ot			04/1
Using the property space is needed,	you listed on Schedu	<i>lle A/B: Prope</i> is page as m	erty (Official Form 10	6A/B)	as your source, list th	esponsible for supplying correct inform e property that you claim as exempt. It essary. On the top of any additional pa	f mor
s to state a spec xempted up to t eceive certain b xemption of 100	ific dollar amount as he amount of any ap enefits, and tax-exem	exempt. Alt plicable stat opt retirement e under a la	ernatively, you may utory limit. Some ex at fundsmay be unl w that limits the exe	clair cemp imite mpti	n the full fair market tionssuch as those d in dollar amount. I on to a particular dol	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount.	
Part 1: Ide	entify the Propert	y You Cla	im as Exempt				
. Which set of	f exemptions are you	claiming?	Check one only,	even	if your spouse is filing	with you.	
كا	claiming state and fed			11 U.	S.C. § 522(b)(3)	•	
			.0.0. 3 022(0)(2)				
. For any prop	perty you list on Scho	edule A/B th		npt, f	ill in the information	below.	
Brief description	perty you list on Schoor of the property and l at lists this property			Am	ill in the information ount of the mption you claim	below. Specific laws that allow exemption	n
Brief description	of the property and I		at you claim as exer Current value of the portion you	Am exe	ount of the mption you claim		n
Brief description Schedule A/B that Brief description:	of the property and I	ine on	at you claim as exer  Current value of the portion you own  Copy the value from	Am exe	ount of the mption you claim eck only one box for		n
Brief description Schedule A/B that Brief description:	of the property and I	ine on	Current value of the portion you own Copy the value from Schedule A/B	Am exe Che	ount of the mption you claim eck only one box for h exemption \$0.00	Specific laws that allow exemption	n
Brief description: Brief description: Brief description: Brief from Schedu	of the property and lat lists this property  upass (approx. 610)	ine on 00 miles)	Current value of the portion you own Copy the value from Schedule A/B	Am exe	sount of the mption you claim eck only one box for the exemption  \$0.00  100% of fair market value, up to any applicable statutory limit  \$400.00	Specific laws that allow exemption	n
Brief descriptions Brief description:	of the property and lat lists this property  apass (approx. 610)  ale A/B:	ine on 00 miles)	Current value of the portion you own Copy the value from Schedule A/B \$11,275.00	Am exe	sount of the mption you claim  sek only one box for the exemption  \$0.00  100% of fair market value, up to any applicable statutory limit  \$400.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption 735 ILCS 5/12-1001(c)	n
Brief descriptions Brief description:	of the property and lat lists this property  apass (approx. 610)  ale A/B:	ine on 00 miles)	Current value of the portion you own Copy the value from Schedule A/B \$11,275.00	Amexe Chee	sount of the mption you claim  seck only one box for the exemption  \$0.00  100% of fair market value, up to any applicable statutory limit  \$400.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption 735 ILCS 5/12-1001(c)	n
Brief description: 2012 Jeep Com Line from Schedu	of the property and lat lists this property  apass (approx. 610)  ale A/B:	ine on 00 miles)	Current value of the portion you own Copy the value from Schedule A/B \$11,275.00	Amexe Chee	sount of the mption you claim  sek only one box for the exemption  \$0.00  100% of fair market value, up to any applicable statutory limit  \$400.00  100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption 735 ILCS 5/12-1001(c)	n

□ No Yes

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 17 of 52

Latonya R. Johnson		Case number	(if known)
Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:  Clothing  Line from Schedule A/B:11	\$300.00	\$300.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)
Brief description:  Cash  Line from Schedule A/B:16	\$25.00	\$25.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description:  2016 Federal Income Tax Return  Line from Schedule A/B:28	\$2,100.00	\$2,100.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 18 of 52

PO Box 26707  Number Street  Salt Lake City City  Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a communi  Date debt was ince	Debtor 2 only the debtors and a claim relates ty debt	Continged Unliquidate Disputed Nature of lie An agree Statutory Judgmer Judgmer Other (in	ent ated and and and and and and and and and an	n as mortgage or secured , mechanic's lien)	l car loan)	
Prestige Financ Creditor's name	ial	——— 2012 Jeep				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.1		Describe the secures the	e property that claim:	\$16,915.85	\$11,275.00	\$5,640.85
claim, list the creditor has a	creditor separatel particular claim, l ible, list the claim	editor has more than y for each claim. If m ist the other creditors s in alphabetical orde	ore than one in Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Part 1: Lis	t All Secured	Claims				
☐ No. Che		ubmit this form to the		chedules. You have not	hing else to report on the	is form.
correct information on the top of any	on. If more space additional pages	is needed, copy the	e Additional Page, fill nd case number (if kr	ogether, both are equal it out, number the entr nown).		
			ims Secured			12/15
Official Form	106D					
Case number (if known)					Check if this is amended filing	
United States Ba	nkruptcy Court for	the: NORTHERN D	DISTRICT OF ILLIN	<u>ois</u>		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
	First Name	Middle Name	Last Name			
Debtor 1	Latonya	R.	Johnson			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$16,915.85

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$16,915.85

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 19 of 52

Fill in this inf	ormation to i	dentify your o	case:			
Debtor 1	Latonya	R.	Johnson	_		
	First Name	Middle Name	e Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Ba	nkruptcy Court fo	r the: <b>NORTHEI</b>	RN DISTRICT OF ILLINOIS	-		
Case number					Check if this is a	an
(if known)				_	amended filing	
Official Form	106E/F					
Schedule E/	/F: Credito	s Who Hav	ve Unsecured Claims			12/15
Do not include an If more space is not to this page. On the	y creditors with needed, copy the the top of any ac	partially secured Part you need, the little part you need, the little pages, which is the little pages and the little pages and the little pages are the little pages.	and on Schedule G: Executory Conditions that are listed in Schedule fill it out, number the entries in the write your name and case number assecured Claims	le D: Creditors Who He boxes on the left. A	lold Claims Secur	ed by Property.
1. Do any credi	tors have priorit	v unsecured clai	ims against you?			
— N. O.		y uniscource oldi	mio agamot you .			
☐ No. Go	10 T alt 2.					
claim. For ea show both pric more space is claim, list the	ch claim listed, ic ority and nonprior s needed for prior other creditors in	lentify what type of ity amounts. As r ity unsecured clai Part 3.	a creditor has more than one priority of claim it is. If a claim has both prior much as possible, list the claims in a ims, fill out the Continuation Page of the instructions for this form in the instructions for this form in the instructions.	ority and nonpriority am alphabetical order acco f Part 1. If more than o	ounts, list that clain ording to the credite	m here and or's name. If
(i oi aii explai	nation of each typ	or ordini, see tr		Total claim	Priority amount	Nonpriority amount
2.1				\$3,600.00	\$3,600.00	\$0.00
Robert J. Adams	s & Associates	<b>.</b>			Ψ5,000.00	Ψ0.00
Priority Creditor's Nam	ne		<ul> <li>Last 4 digits of account number</li> </ul>	r		
901 W. Jackson Number Street	, Suite 202		When was the debt incurred?	03/10/2017	_	
			<ul> <li>As of the date you file, the clain</li> </ul>	n is: Check all that app	oly.	
			Contingent		,	
Chicago	IL	60607	Unliquidated			
City	State	ZIP Code	■ Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured c	laim:		
Debtor 1 only Debtor 2 only			Domestic support obligations			
Debtor 1 and D	Debtor 2 only		Taxes and certain other debts Claims for death or personal	,	ent	
	the debtors and	another	intoxicated	,a., mmo you word		
ш	claim is for a co	mmunity debt	✓ Other. Specify			
Is the claim subje	ct to offset?		Attorney fees for this cas	se		
✓ No Yes						

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 20 of 52

Debtor 1	Latonya R. Johnson	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
	by creditors have nonpriority unsecured No. You have nothing to report in this part	d claims against you?  t. Submit this form to the court with your other schedules.	
If a cre type o	editor has more than one nonpriority unse f claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, cluded in Part 1. If more than one creditor holds a particular claim, list the oth unsecured claims, fill out the Continuation Page of Part 2.	
			Total claim
4.1 City of Ch	nicago	Last 4 digits of account number	\$5,035.00
Nonpriority C	reditor's Name	When was the debt incurred?	
Dept. Of F			
Number Aminstrat	Street tive Hearings Collections	As of the date you file, the claim is: Check all that apply.	
		_ ☐ Contingent ☐ Unliquidated	
121 N. La		Disputed	
Chicago	IL 60602 State ZIP Code		
,	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
<b>⊘</b> Debtor		Student loans  Obligations origing out of a consention agreement or diverse	
Debtor	2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ш	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	parking tickets-non dischargeable	
Is the clair	n subject to offset?		
<b>☑</b> No			
Yes			
4.2			\$400.00
ComEd		Last 4 digits of account number	
	reditor's Name	When was the debt incurred?	
Number	r Care Center Street	As of the date you file, the claim is: Check all that apply.	
P.O.Box 8		Contingent	
		Unliquidated	
Chicago	II 60600	Disputed	
Chicago City	IL         60680           State         ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	••	
✓ Debtor	1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	•	that you did not report as priority claims	
	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
_	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Utility Service	
	n subject to offset?		
✓ No			
☐ Yes			

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 21 of 52

Debtor 1 Latonya R. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$400.00
Comenity Bank/Ashley Stewart	Last 4 digits of account number	·
Nonpriority Creditor's Name	When was the debt incurred?	
P.o.Box 182789 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Columbus CO 43218-2789	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Other	
Is the claim subject to offset?		
✓ No Yes		
4.4		\$400.00
Comenity Bank/LNBRYANT	Last 4 digits of account number	
Nonpriority Creditor's Name P.OBox 182789	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Columbus OH 43218		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.5		\$400.00
Comenity bank/Torrid	Last 4 digits of account number	,
Nonpriority Creditor's Name P.O.Box 182789	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Columbus OH 43218		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Other	
Is the claim subject to offset?		
☑ No □ Yes		

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 22 of 52

Debtor 1 Latonya R. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$400.00
Comenity Bank/Vctrssec	Last 4 digits of account number	· ·
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 182789 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Columbus OH 43218-2789	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  ☐ Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No Yes		
4.7		\$351.00
Direct TV	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 78626	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Phoenix AZ 85062		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations original out of a constation agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Other	
Is the claim subject to offset?		
☑ No □ Yes		
4.8		¢c 500 00
	Last 4 digits of account number	\$6,500.00
Great Lake Higher Education Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 7859		
Number Street	As of the date you file, the claim is: Check all that apply.  —   Contingent	
	Unliquidated	
Madison WI 53707	Disputed	
Madison         WI         53707           City         State         ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify If FISL: student loan-not dischargeable under Chap	
Is the claim subject to offset?		
✓ No		
☐ Yes		

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 23 of 52

Debtor 1 Latonya R. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$450.00
Peoples Gas	Last 4 digits of account number	·
Nonpriority Creditor's Name n/k/a People's Energy	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
200 E. Randoph	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Chicago IL 60687-6207		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations arising out of a congration agreement or diverse	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Utility	
Is the claim subject to offset?  ✓ No  ✓ Yes		
4.10		\$0.00
University Of Illinois Hospital & Health	Last 4 digits of account number	
Nonpriority Creditor's Name Patient Accounts	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
P.O.Box 12199	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Chicago IL 60612-0199		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical	
Is the claim subject to offset?  No		
Yes		
4.11		\$10,000.00
US Department of Education	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 16448	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
St. Paul MN 55116-0448		
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations arising out of a separation agreement or divorce	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Student Loans	
Is the claim subject to offset?		
✓ NO ☐ Yes		

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 24 of 52

Debtor 1 Latonya R. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number their previous page.	n sequentially from the	Total claim
West Sububan Health Care	Last 4 digits of account number	
Nonpriority Creditor's Name 7411 Lake St. Site L140	When was the debt incurred?	
Number Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> </ul>	
River Forest City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical	

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 25 of 52

Debtor 1	Latonya R. Johnson	1				Case	e number (if known)
Part 3:	List Others to Be	e Notified Abo	ut a Deb	ot That	You Alread	y Li	sted
For ex credite debts	ample, if a collection agor in Parts 1 or 2, then I	gency is trying to ist the collection a 1 or 2, list the add	collect fro agency he litional cr	om you ere. Sin editors	for a debt you nilarly, if you h	owe ave r	ebt that you already listed in Parts 1 or 2. to someone else, list the original more than one creditor for any of the have additional parties to be notified for
Common	wealth Edison		On wh	nich ent	ry in Part 1 or	Part :	2 did you list the original creditor?
	ent Center Street		 Line _	<b>4.2</b> 0	of (Check one).		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Chicago City	<b>IL</b> State	<b>60668-0001</b> ZIP Code	— — Last 4 —	digits o	of account nun	nber	

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 26 of 52

Debtor 1	Latonya R. Johnson	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>+</b>	\$3,600.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$3,600.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>+</b>	\$24,336.00
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$24,336.00

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 27 of 52

Fill in this inf	ormation to iden	tify your case:		
Debtor 1	Latonya First Name	R. Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	: NORTHERN DIST	RICT OF ILLINOIS	
Case number (if known)				Check if this is an amended filing

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 28 of 52

				_		
Fill in this	s information to i	dentify your case	:			
Debtor 1	<u>Latonya</u> First Name	R. Middle Name	<b>Johnson</b> Last Name			
Debtor 2 (Spouse, if fi	iling) First Name	Middle Name	Last Name			
United State	s Bankruptcy Court fo	r the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS	_		
Case numbe (if known)	er				Check if this is an amended filing	
Official Fo	orm 106H					
Schedule	H: Your Code	ebtors				
page. On the	top of any Additiona	ıl Pages, write your n	er the entries in the boxes on ame and case number (if kno int case, do not list either spou	own). Answer every qu		
include A	rizona, California, Idal Go to line 3.	ho, Louisiana, Nevada	nity property state or territor, New Mexico, Puerto Rico, Te	xas, Washington, and V	-	
person s creditor	nn 1, list all of your co shown in line 2 again on <i>Schedule D</i> (Offic	as a codebtor only if	ude your spouse as a codeb that person is a guarantor o dule E/F (Official Form 106E at Column 2	r cosigner. Make sure	you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 29 of 52

Ī	ill in this inform	ation to ide	entify your case:								
	Debtor 1	Latonya	R.	Johnson							
		First Name	Middle Name	Last Name			Ch	eck if t	his is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An a	mended filing		
	United States Bankr	uptcy Court fo	r the: <b>NORTHERN</b>	DISTRICT OF IL	LIN	OIS	🗆		pplement showi	•	
1	Case number				_			chap	ter 13 income a	s of the f	following date:
	(if known)							MM /	DD / YYYY		
_	fficial Form 10										
So	chedule I: You	ur Incom	e								12/15
res inc abo you	sponsible for supply lude information ab out your spouse. If ur name and case n	ving correct in sout your spo more space i	ssible. If two married formation. If you are use. If you are separ s needed, attach a sewn). Answer every quent	married and not ated and your spo parate sheet to th	filing ouse	j jointl is not	y, and you filing with	r spous you, de	se is living with o not include in	you, formation	on
1.	Fill in your emplo	yment									
	information.  If you have more the	nan one		Debtor 1				De	btor 2 or non-fi	ling spo	use
	job, attach a separ	ate page E	Employment status	<ul><li>✓ Employed</li><li>✓ Not employed</li></ul>	- d				Employed Not employed		
	additional employe	ers.	Occupation	Teacher	<del>s</del> u			Ц	Not employed		
	Include part-time, s	seasonal,	Employer's name	Marillac St. Vii	2001	ot Ear	ily Sorvio				
	or self-employed w	Ork.	imployer's name	warmac St. VII	icei	it Faii	illy Service	<u>.e.</u>			
	Occupation may in student or homema applies.	_	Employer's address	2145 N Halstee Number Street	d			Nur	mber Street		
				Chicago		IL.	60614			01-4-	7:- 0-1-
				City		State	Zip Code	City	(	State	e Zip Code
		ŀ	low long employed th	nere? <u>18 year</u>	S		_				
P	art 2: Give D	etails Abou	ıt Monthly Incom	е							
	timate monthly inco		date you file this forn	n. If you have noth	ing to	o repor	t for any lin	e, write	\$0 in the space	e. Include	e your
•	, ,	•	more than one employed ate sheet to this form.	er, combine the info	orma	tion for	all employ	ers for	that person on t	he lines l	pelow. If
		·				For I	Debtor 1		or Debtor 2 or on-filing spous	se_	
2.			ary, and commissions nonthly, calculate what		2.	_	\$3,295.46	_			
3.	Estimate and list	monthly over	time pay.		3.	+	\$0.00	<u> </u>			
4.	Calculate gross in	ncome. Add l	ine 2 + line 3.		4.	_	\$3,295.46				

Official Form 106l Schedule I: Your Income page 1

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 30 of 52

Debt	or 1	Latonya R. Johnson		Case nun	nber	(if know	/n)		
				For Debtor 1		or Debto on-filing	or 2 or spouse	<u> </u>	
	Сор	y line 4 here	4.	\$3,295.46					
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	<u>\$585.30</u>					
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00					
	5c.	Voluntary contributions for retirement plans	5c.	\$43.33					
	5d.	Required repayments of retirement fund loans	5d.	\$0.00					
	5e.	Insurance	5e.	<u>\$243.45</u>					
	5f.	Domestic support obligations	5f.	\$0.00					
	5g.	Union dues	5g.	\$0.00					
	5h.	Other deductions. Specify: parking	5h. <b>-</b>	\$43.33					
	<b>Add</b> 5g +	<b>the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$915.41	•				
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,380.05					
		all other income regularly received:							
	ва.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00					
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00					
	8e.	Social Security	8e.	\$0.00	•				
	8f.	Other government assistance that you regularly receive			•				
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00					
	8g.	Pension or retirement income	8g.	\$0.00					
	8h.	Other monthly income.		<u> </u>	•				
		Specify: See continuation sheet	8h	+ <u>\$811.00</u>					
9.	Add	<b>all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$811.00					
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,191.05	+			]=[	\$3,191.05
		e all other regular contributions to the expenses that you list in So	chedi	ıle .l					
	Inclu	ude contributions from an unmarried partner, members of your househ ds or relatives.			r roc	ommates	s, and ot	her	
	Do r	not include any amounts already included in lines 2-10 or amounts that	t are r	not available to pay e	xpe	nses list	ed in So	hed	ule J.
	Spe	cify:					_ 11.	+	\$0.00
	inco	the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities					12.		\$3,191.05 Combined
		applies. /ou expect an increase or decrease within the year after you file tl	nis fo	rm?					monthly income
	₩   <b> </b>	No. None.							
		Yes. Explain:							

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 31 of 52

Debtor	1 Latonya R. Johnson	Case number (if known)	
8h. O	ther Monthly Income (details)	For Debtor 1 For Debtor 2 or non-filing spouse	
	ood stamps from sister	\$511.00	
fc	ood stamps from daughter	\$300.00	
		Totals: \$811.00	

Official Form 106l Schedule I: Your Income page 3

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 32 of 52

F	ill in this inforn	nation to iden	tify your case:		Ch	ook if thi	a ia.	
	Debtor 1	Latonya	R.	Johnson	l	eck if thi	s is: ended filing	
	Debior 1	First Name	Middle Name	Last Name	-	A supp	plement showing or 13 expenses as	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>		ng date:	3 Of the
	United States Bank	ruptcy Court for th	e: NORTHERN D	DISTRICT OF ILLINOIS		MM / E	DD / YYYY	
	Case number (if known)					, =	,	
Of	fficial Form 10	)6J						
Sc	chedule J: Yo	our Expens	es					12/15
cor	rect information. I	If more space is r	needed, attach anot nswer every questio	people are filing together, ther sheet to this form. On the				
1.	Is this a joint cas	se?						
2.	_ No	S. Debtor 2 live in a second s	] No	iJ-2, Expenses for Separate  nformation  Dependent's	s relationsh		2.  Dependent's age	Does dependent live with you?
		anandanta'					24	□ No - ☑ Yes
	Do not state the d names.	ерепаетть					21	□ No - 📝 Yes
							20	□ No
							4-	⁻☑ Yes □ No
							_ <u>17</u>	Yes
				Sister			30	□ No - 🔽 Yes
3.	Do your expense expenses of peo yourself and you	ple other than	☑ No □ Yes					
P	art 2: Estima	ate Your Ongo	oing Monthly Ex	penses				
to ı		of a date after th	ne bankruptcy is file	unless you are using this fed. If this is a supplementa			-	
				istance if you know the val Income (Official Form 106I			Your expens	es
4.			penses for your res d any rent for the gro				4.	\$1,100.00
	If not included in	line 4:						
	4a. Real estate t	axes					4a	
	4b. Property, hor	meowner's, or rent	er's insurance				4b	
	4c. Home mainte	enance, repair, and	d upkeep expenses				4c	
	4d. Homeowner's	s association or co	ondominium dues				4d.	

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 33 of 52

Del	tor 1 Latonya R. Johnson	Case number (if known)	
		Your expense	s
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$325.00
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$150.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7.	\$811.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$30.00
10.	Personal care products and services	10.	\$20.00
11.	Medical and dental expenses	11	\$50.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$10.00
14.	Charitable contributions and religious donations	14.	
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c.	\$100.00
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c.	
	17d. Other. Specify: child care for granddaughter	17d.	\$45.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you.  Specify:	19.	

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 34 of 52

Debtor 1		Latonya R. Johnson	Case number (if known)				
20.		ther real property expenses not included in lines 4 or 5 of this form or on chedule I: Your Income.					
	20a.	Mortgages on other property	20a				
	20b.	Real estate taxes	20b				
	20c.	Property, homeowner's, or renter's insurance	20c.				
	20d.	Maintenance, repair, and upkeep expenses	20d				
	20e.	Homeowner's association or condominium dues	20e.				
21.	Other	. Specify:	<sup>21.</sup> +				
22.	Calcu	Calculate your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$2,741.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2. 22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,741.00			
23.	Calcu	Calculate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,191.05			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b>	\$2,741.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$450.05			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	ou file this form?				
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	<b>1</b>	No.					
		Yes. Explain here: None.					
		None.					

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 35 of 52

Debtor 1 Latonya R. Johnson	Case number (if known)			
2. Additional Dependents:	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?	
	Nephew	10	□ No □ Yes	
	Niece	8	□ No - ☑ Yes	
	Granddaughter	2	□ No - ☑ Yes	

#### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 36 of 52

Fill in this inf	ormation to i			
Debtor 1	Latonya First Name	R. Middle Name	<b>Johnson</b> Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	r the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number (if known)				Check if this i

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$14,100.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$14,100.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$16,915.85
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,600.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>\$24,336.00</b>
	Your total liabilities	\$44,851.85
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,191.05
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	. \$2,741.00

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 37 of 52

Deb	otor 1	Latonya R. Johnson Case nui	mbe	er (if known)	
P	art 4:	Answer These Questions for Administrative and Statistical Rec	ord	ds	
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?			
	_	<ul> <li>You have nothing to report on this part of the form. Check this box and submit this es</li> </ul>	forn	m to the court with you	ur other schedules.
7.	What k	kind of debt do you have?			
	Ľ	our debts are primarily consumer debts. Consumer debts are those "incurred by armily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp			ı personal,
		our debts are not primarily consumer debts. You have nothing to report on this parties form to the court with your other schedules.	t of	the form. Check this	box and submit
8.		the <b>Statement of Your Current Monthly Income:</b> Copy your total current monthly inc I Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	ome	e from	\$3,430.28
9.	Copy t	the following special categories of claims from Part 4, line 6 of <i>Schedule E/F:</i>			
				Total claim	
	From I	Part 4 on Schedule E/F, copy the following:			
	9a. D	omestic support obligations. (Copy line 6a.)		\$0.00	<u>)</u>
	9b. Ta	axes and certain other debts you owe the government. (Copy line 6b.)		\$0.00	<u>)</u>
	9c. C	laims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00	<u>)</u>
	9d. S	tudent loans. (Copy line 6f.)		\$0.00	<u>)</u>
		bligations arising out of a separation agreement or divorce that you did not report as riority claims. (Copy line 6g.)		\$0.00	<u>0</u>
	9f. D	ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	\$0.00	<u>0</u>

9g. Total. Add lines 9a through 9f.

\$0.00

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 38 of 52

		dentify your case		
Debtor 1	Latonya First Name	R. Middle Name	Johnson Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number	., .,			
(if known)				Check if this is an amended filing
	4000			
Official Form				
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	ın Below			
Did you pay o	or agree to pay s	someone who is NOT	an attorney to help you fill oເ	ut bankruptcy forms?
<b>✓</b> No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and schedules	filed with this declaration and that they are
X /s/ Laton	va R. Johnson		X	

Signature of Debtor 2

MM / DD / YYYY

Date

Latonya R. Johnson, Debtor 1

MM / DD / YYYY

Date <u>03/10/2017</u>

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 39 of 52

				_	
Fill in this inf	ormation to i	dentify your case			
Debtor 1	Latonya	R.	Johnson		
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Ba	inkruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS		
Case number					
(if known)				☐ Check if this is an amended filing	
Official Forms	107				
Official Form	1 107				
Statement of	of Financial	Affairs for Ind	ividuals Filing for	Bankruptcy	04/16
Part 1: Given	ve Details Ab	out Your Marital S	status and Where You	Lived Before	
1. What is your  ☐ Married ☑ Not marri	current marital	status?			
•	st 3 years, have	you lived anywhere o	ther than where you live no	ow?	
✓ No ☐ Yes. List	all of the places	you lived in the last 3 y	ears. Do not include where y	ou live now	
	·		•		
(Community p		•	• .	a community property state or territory? siana, Nevada, New Mexico, Puerto Rico, Texas,	
<b>☑</b> No					
Yes. Mal	ke sure you fill ou	t Schedule H: Your Co	debtors (Official Form 106H).		

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 40 of 52

Debtor 1	Latonya R. Johnson		Case nur	mber (if known)	
Part 2:	Explain the Sources of	Your Income			
Fill in If you	ou have any income from employ the total amount of income you recorder filing a joint case and you have ones. Fill in the details.	eived from all jobs and all bus	inesses, including par	t-time activities.	endar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	uary 1 of the current year until ou filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$7,568.68	<ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>	
	to December 31, 2016 )	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$29,000.00	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
	to December 31, 2015	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$29,000.00	<ul><li>Wages, commissions, bonuses, tips</li><li>□ Operating a business</li></ul>	
Includ unemple and gard Debto	ach source and the gross income fr	t income is taxable. Example ayments; pensions; rental incurare in a joint case and you ha	s of other income are come; interest; dividen- ave income that you re	ds; money collected from laveceived together, list it only constant	vsuits; royalties;

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 41 of 52

Deb	otor 1	Latonya R. Johnson	Case number (if known)
P	art 3:	List Certain Payments You Made Before Y	ou Filed for Bankruptcy
6.	Are eith	ner Debtor 1's or Debtor 2's debts primarily consumer	debts?
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consuruincurred by an individual primarily for a personal, fam	ner debts. Consumer debts are defined in 11 U.S.C. § 101(8) as illy, or household purpose."
		During the 90 days before you filed for bankruptcy, did	you pay any creditor a total of \$6,425* or more?
		☐ No. Go to line 7.	
		total amount you paid that creditor. Do not in	otal of \$6,425* or more in one or more payments and the clude payments for domestic support obligations, such as de payments to an attorney for this bankruptcy case.
		* Subject to adjustment on 4/01/19 and every 3 years	after that for cases filed on or after the date of adjustment.
	✓ Yes.	. Debtor 1 or Debtor 2 or both have primarily consur	ner debts.
		During the 90 days before you filed for bankruptcy, did	you pay any creditor a total of \$600 or more?
		No. Go to line 7.	
			otal of \$600 or more and the total amount you paid that tic support obligations, such as child support and alimony. for this bankruptcy case.
7.	Insiders corporati agent, in	include your relatives; any general partners; relatives of ions of which you are an officer, director, person in control	payment on a debt you owed anyone who was an insider? any general partners; partnerships of which you are a general partner; ol, or owner of 20% or more of their voting securities; and any managing tor. 11 U.S.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes.	. List all payments to an insider.	
8.		l year before you filed for bankruptcy, did you make a ed an insider?	ny payments or transfer any property on account of a debt that
	Include p	payments on debts guaranteed or cosigned by an insider	
	✓ No ☐ Yes.	. List all payments that benefited an insider.	

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 42 of 52

Deb	tor 1	Latonya R. Johnson	Case number (if known)
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosur	es
<b>)</b> .	List all s	year before you filed for bankruptcy, were you a party in any lawsuit uch matters, including personal injury cases, small claims actions, divorce tions, and contract disputes.	
	✓ No ☐ Yes	. Fill in the details.	
10.	seized,	year before you filed for bankruptcy, was any of your property reposor levied? Il that apply and fill in the details below.	ssessed, foreclosed, garnished, attached,
		Go to line 11.  Fill in the information below.	
11.		00 days before you filed for bankruptcy, did any creditor, including a l s from your accounts or refuse to make a payment because you owe	the contract of the contract o
	✓ No ☐ Yes	. Fill in the details.	
12.		year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official?	e possession of an assignee for the benefit of
	✓ No ☐ Yes		
P	art 5:	List Certain Gifts and Contributions	
13.	Within 2	years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	✓ No ☐ Yes	. Fill in the details for each gift.	
14.	Within 2 to any o	e years before you filed for bankruptcy, did you give any gifts or conti harity?	ibutions with a total value of more than \$600
	✓ No ☐ Yes	. Fill in the details for each gift or contribution.	
P	art 6:	List Certain Losses	
15.		year before you filed for bankruptcy or since you filed for bankruptc saster, or gambling?	y, did you lose anything because of theft, fire,
	✓ No ☐ Yes	. Fill in the details.	

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 43 of 52

Debtor 1	Latonya R. Jo	ohnson	Case number (	if known)	
Part 7:	List Certai	n Payments o	r Transfers		
			uptcy, did you or anyone else acting on your behalf p ankruptcy or preparing a bankruptcy petition?	ay or transfer any pro	perty to
Include	e any attorneys, b	ankruptcy petition	preparers, or credit counseling agencies for services rec	uired for your bankrupt	cy.
□ No ✓ Ye	o es. Fill in the deta	ils.			
001 debto			Description and value of any property transferred  Credit Counseling	Date payment or transfer was made	Amount of payment
				03/10/2017	\$15.00
Number S	treet		_		
City	Sta	ate ZIP Code	_		
Email or webs	site address		_		
			_		
Person Who Made the Payment, if Not You  Robert J. Adams & Associates  Person Who Was Paid			Description and value of any property transferred  Down payment for Chapter 13	Date payment or transfer was made	Amount of payment
901 W. Ja					
Number S			_		
Ste. 202			<u> </u>		_
Chicago	IL				
City	Sta	ate ZIP Code			
Email or webs	site address		_		
Person Who	Made the Payment, i	f Not You	_		
	•		uptcy, did you or anyone else acting on your behalf p	ay or transfer any pro	perty to
anyon	ne who promised	to help you deal	with your creditors or to make payments to your cred at you listed on line 16.		. ,
✓ No	o es. Fill in the deta	iils.			

# Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 44 of 52

Deb	tor 1	Latonya R. Johnson	Case number (if known)
18.	Within 2	e transfer any property to anyone, other than s?	
		both outright transfers and transfers made as security (such as granting of nclude gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).
	✓ No	s. Fill in the details.	
19.		10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which
	✓ No	s. Fill in the details.	
P	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Storage Units
20.		1 year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	s. Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables?	y, any safe deposit box or other depository
	✓ No ☐ Yes	s. Fill in the details.	
22.	☑ No	ou stored property in a storage unit or place other than your home with	in 1 year before you filed for bankruptcy?
	Yes	s. Fill in the details.	
P	art 9:	Identify Property You Hold or Control for Someone Else	
23.		hold or control any property that someone else owns? Include any pr in trust for someone.	operty you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details.	

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 45 of 52

Deb	otor 1	Latonya R. Johnson Case number (if known)
Р	art 10:	Give Details About Environmental Information
For	the pur	pose of Part 10, the following definitions apply:
I	hazardo	mental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of us or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, g statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ans any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		ous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic ce, hazardous material, pollutant, contaminant, or similar item.
Rep	ort all r	notices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has ar	ny governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	✓ No	s. Fill in the details.
25.	•	ou notified any governmental unit of any release of hazardous material?
	✓ No	s. Fill in the details.
26.	Have y orders	you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and
	✓ No	s. Fill in the details.
Р	art 11:	Give Details About Your Business or Connections to Any Business
27.	Within busine	4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ess?
		A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation
		o. None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for each business.
28.		2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include incial institutions, creditors, or other parties.
	□ No	s. Fill in the details below.

## Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 46 of 52

Debtor 1	Latonya R. Johnson		Case number (if known)
Part 12	Sign Below		
that answer	ers are true and correct. I under	kruptcy case can result in fines up to \$2	s, and I declare under penalty of perjury acealing property, or obtaining money or 150,000, or imprisonment for up to 20 years,
X /s/ Lat	onya R. Johnson	x	
Latonya	a R. Johnson, Debtor 1	Signature of Debtor 2	
Date _	03/10/2017	Date	
Did you at	tach additional pages to Your St	atement of Financial Affairs for Individua	als Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone who	is not an attorney to help you fill out ba	nkruptcy forms?
<b>√</b> No			
	Name of person		Attach the Bankruptcy Petition Preparer's Notice,  Declaration and Signature (Official Form 119)

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 47 of 52

B2030 (Form 2030) (12/15)

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

ın	re Latonya R. Johnson	Case No.
		Chapter 13
	DISCLOSURE OF COMPENSATION	OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certife that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in c is as follows:	e petition in bankruptcy, or agreed to be paid to me, for
	For legal services, I have agreed to accept	\$4,000.00
	Prior to the filing of this statement I have received	
	Balance Due	\$3,600.00
2.	The source of the compensation paid to me was:	
	☑ Debtor ☐ Other (specify)	
3.	The source of compensation to be paid to me is:	
	☑ Debtor ☐ Other (specify)	
4.	☑ I have not agreed to share the above-disclosed compensation associates of my law firm.	with any other person unless they are members and
	I have agreed to share the above-disclosed compensation wit associates of my law firm. A copy of the agreement, together compensation, is attached.	
5.	In return for the above-disclosed fee, I have agreed to render lega	I service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice bankruptcy;	e to the debtor in determining whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of	affairs and plan which may be required;
	c. Representation of the debtor at the meeting of creditors and co	nfirmation hearing, and any adjourned hearings thereof;

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 48 of 52

B2030 (Form	2030) (12/15)
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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/10/2017 /s/ Robert J. Adams & Associates

Date

Robert J. Adams & Associates
Robert J Adams & Associates
901 W Jackson Suite 202

Chicago, IL 60607 Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

1 110110. (012) 010 0100 / 1 dx. (012) 010 0220

/s/ Latonya R. Johnson

Latonya R. Johnson

Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 49 of 52

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Latonya R. Johnson CASE NO

CHAPTER 13

### **VERIFICATION OF CREDITOR MATRIX**

know	ledge.	ittached list of creditors is true and correct to the best of his/her
Date	<u>3/10/2017</u> Si	Signature //s/ Latonya R. Johnson  Latonya R. Johnson

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 50 of 52

City of Chicago Dept. Of Revenue Aminstrative Hearings Collections 121 N. Lasalle Chicago, IL 60602

ComEd Customer Care Center P.O.Box 87522 Chicago, IL 60680

Comenity Bank/Ashley Stewart P.o.Box 182789 Columbus, CO 43218-2789

Comenity Bank/LNBRYANT P.OBox 182789 Columbus, OH 43218

Comenity bank/Torrid P.O.Box 182789 Columbus, OH 43218

Comenity Bank/Vctrssec P.O Box 182789 Columbus, OH 43218-2789

Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001

Direct TV PO Box 78626 Phoenix, AZ 85062

Great Lake Higher Education PO Box 7859 Madison, WI 53707

### Case 17-07600 Doc 1 Filed 03/10/17 Entered 03/10/17 17:17:05 Desc Main Document Page 51 of 52

Peoples Gas n/k/a People's Energy 200 E. Randoph Chicago, IL 60687-6207

Prestige Financial PO Box 26707 Salt Lake City, UT 84126

Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607

University Of Illinois Hospital & Health Patient Accounts
P.O.Box 12199
Chicago, IL 60612-0199

US Department of Education PO Box 16448 St. Paul, MN 55116-0448

West Sububan Health Care 7411 Lake St. Site L140 River Forest, IL 60305

Entered 03/10/17 17:17:05 Desc Main Case 17-07600 Doc 1 Filed 03/10/17 Document Page 52 of 52

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **EASTERN DIVISION (CHICAGO)**

CASE NO IN RE: Latonya R. Johnson

Debtor

SOCIAL SECURITY NO. xxx-xx-5145

CHAPTER 13

\$191.00 bi-weekly

### ORDER TO EMPLOYER TO PAY THE TRUSTEE

UPON REPRESENTATIONS OF THE TRUSTEE, OR OTHER INTERESTED PARTIES, THE COURT FINDS THAT:

The above named debtor has pending in this Court a case for adjustment of debts by an individual with regular income under the provisions of Chapter 13 of Title 11 U.S.C. and pursuant to the provisions of said statute and of the debtor's plan, the debtor has submitted all of such portion of the debtor's future earnings or other future income to the supervision and control of the trustee of this Court as may be necessary for the execution of the debtor's plan; and

That under the provisions of Title 11 U.S.C., this Court has exclusive jurisdiction of all property including the earnings from such services performed by the debtor during the pendency of this case pursuant to 11 U.S.C. § 1325(b) any entity from whom the debtor receives income shall pay all or any part of such income to the trustee as may be ordered by this Court. A portion of the debtor's earnings are necessary for the execution of the debtor's plan.

NOW, THEREFORE, IT IS ORDERED that until further order of this Court or until notice that this case has been dismissed or converted to Chapter 7 of the Bankruptcy Code is received, the employer of said debtor

Marillac St. Vincent Family Services 2145 N Halsted Chicago, IL 60614

shall deduct from the earnings of the debtor the sum of	\$191.00 bi-weekly
beginning on the next payday following the receipt of this order and period for which the debtor receives periodic or lump sum payment	deduct a similar amount for each pay period thereafter, including any
IT IS FURTHER ORDERED, that said employer notify said tr for such termination.	ustee if the employment of said debtor is terminated and the reason
provisions of any laws of the United States, the laws of any state of	he debtor, except the amounts required to be withheld by the political subdivision, or by an insurance pension or union dues is Court be paid to the aforesaid debtor in accordance with employer's
IT IS FURTHER ORDERED, that no deductions for account not specifically authorized by this Court be made from the earnings	of any garnishment, wage assignment, credit union or other purpose of the debtor.
IT IS FURTHER ORDERED, that this order supersedes any cause.	and all previous orders, if any, made to the subject employer in this
Date	

**United States Bankruptcy Judge**